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UNITING AVIATION

Strengthening mental health in Civil Aviation

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Overview

- Global Mental Health in Context
- AsMA Pilot Mental Health Working Group - 2015 Recommendations – Dr. Philip Scarpa
- CAA Experience of Declaration of Common Mental Disorders 2010-2015UK CAA - Dr Ewan Hutchison
- DME Training – Mental health in civil aviation - Dr Chong Chun Hon
- ICAO considerations



Global Mental Health in context

- WHO report 2001
 - Mental disorders - 12% of the global burden of disease
 - Expected to increase to 15% by 2020
 - Mental and neurological disorders account for 6 of the 20 leading causes of disability
 - 25% of the population develop one or more mental or behavioural disorders in their lifetime
 - 121 million people suffer with depression
- WHO April 2016
 - Globally, an estimated 350 million people are affected by depression



Interface between physical & mental disorders

- Relationship between physical illnesses & mental disorders is complex
- Individuals with chronic physical illness are more likely than other people to suffer from mental disorders
- Mental disorders can impact on the course and outcome of chronic conditions, such as cancer (Spiegel et al., 1989), heart disease (Ziegelstein et al., 2000), diabetes (Ciechanowski et al., 2000) and HIV/AIDS (Reed et al., 1994)



Mental health in aviation

- Magnitude of mental health problems/ disorders in aviation unknown
- Mental health influenced by various personal and occupational factors
- Majority of mental disorders probably related to
 - Depression
 - Anxiety
 - Alcohol and drug dependence
- Being labelled with a 'mental health problem' in aviation might have consequences
 - Stigma and discrimination (perceived and real)
 - Grounding
 - Additional costs – examinations and treatment to obtain/ maintain medical certification
 - Loss of income
 - Fear of loss of employment



Mental health in aviation

- Possible outcomes of being diagnosed with a mental problem
 - Self-esteem and self-confidence issues
 - Reluctance to seek help due to medical confidentiality issues
 - Seeking help, but declining treatment
 - Obtaining treatment, but non-disclosure of condition or treatment
 - Peers hesitant to report concerns to employer/ regulatory authorities
 - Increasing stress and isolation
 - Adverse effect on the progression of mental disorder/ exacerbation of symptoms
 - Increased risk to aviation safety
- Situation complicated by
 - Application of different rules in different States



Actions since GW

- Taskforce established by EASA - in process of finalizing findings and recommendations (<https://www.easa.europa.eu/newsroom-and-events/press-releases/follow-germanwings-flight-9525-accident-easa-workshop-focuses>)
- Revision of AsMA Pilot Mental Health Working Group Recommendations – Sept 2015 (<https://www.asma.org/publications/pilot-mental-health>)
- Joint Statement by ESAM, EAAP and ECA on the AsMA recommendations – November 2015 (<http://www.eaap.net/read/3270/eaap-cooperates-with-eca-esam-on.html>)
- Accident investigation report released with recommendations – March 2016 (<https://www.bea.aero/en/>)
- European Association for Aviation Psychology Conference – September 2016 in Portugal (<http://www.eaap.net/>)
- International Symposium on Aviation Psychology – May 2017 in Ohio (<http://www.avpsych.org/>; <http://isap.wright.edu/>)



Reality check

- Following the GW accident the management of mental disorders in aviation has become more prominent
- Recent other case – LAM accident in Namibia (generated not so much publicity, but possible suicide as cause)
- Need to be cautious not to over-react without proper justification and evidence
- However, some limitations have been identified that need to be addressed
 - Within the mandate of Aerospace Medicine and Aviation Safety
 - With the objective of implementing reasonable countermeasures to prevent re-occurrence
 - Based on risk assessment
 - Based on a holistic approach



Barriers and solutions

Barriers	Solutions	Methods
Stigma and discrimination	Advocacy - raising awareness, increasing knowledge and changing attitudes	Various including health promotion*
Lack of trust	Training & support networks (focus on AME to build trust)	Guidance material* AME training* AME oversight* AME Standardized training* AME oversight standards* AME support networks* Network with mental health specialists* Non-aviation health care professionals awareness & education* AME Occupational Health training?*Psychologist accreditation?*



Barriers and solutions

Barriers	Solutions	Methods
Loss of control	Empower license holders and balance the needs of different groups	License holder awareness & training* Build alliances with aviation organizations* Facilitate cooperation between aviation organizations* License holder representatives participation in seminars, working groups Enhance ICAO capacity by closer working relationship with psychiatrists/ psychologists* License holder representatives participation in ICAO MPSG (Medical Provisions Study Group)*
Reluctance to seek help	Access to quality and cost-effective mental health services	Counselling, peer support groups, EAP and hotline for crisis intervention Sharing of information with directory of service providers, including peer groups, and other relevant health promotion material*



Barriers and solutions

Barriers	Solutions	Methods
Non-disclosure	Effective and cost-effective protocols and procedures	Guidance on medication for mental conditions and flying* Guidance on alcohol and substance abuse* Guidance on personality and psychological assessment tools/ screening* Employer awareness & training Supporting employer company culture Non-punitive and supportive employer policies
Lack of resources	Mapping of available resources	Within geographical areas Public and private sectors Multi-sector/ multi-disciplinary approach
Loss of income & career	Employment policies	Work accommodation Return-to-work programmes Medical insurance Loss of license insurance



Barriers and solutions

Barriers	Solutions	Methods
Inconsistent legislation	Improved communication and information sharing	Database with “State Medical Focal Points” and Regional Medical Focal points* Communication Strategy* Sharing of international best practices* Legislation information repository with mapping and analysis of legislation*
Medical confidentiality	Building trust (license holders) Council resolution (ICAO) International resolution (WHO) National legislation ?	Determine sources and magnitude of mental health issues in aviation through risk assessment and SMS stats* Monitoring of outcomes of health promotion activities* Present ‘individual rights’ versus ‘public safety’ of ‘vulnerable group based on statistics to ICAO Council and WHO*



Health Promotion Amendment

- 1.2.4.2 **Recommendation.**— ~~From 18 November 2010 States should~~ shall apply, as part of their State safety programme, basic safety management principles to the medical assessment process of licence holders, that as a minimum include:
 - a) routine analysis of in-flight incapacitation events and medical findings during medical assessments to identify areas of increased medical risk; and
 - b) continuous re-evaluation of the medical assessment process to concentrate on identified areas of increased medical risk.



Health Promotion Amendment

1.2.4.3 The Licensing Authority shall implement appropriate aviation-related health promotion for licence holders subject to a Medical Assessment to reduce future medical risks to flight safety.

Note 1.— Standard 1.2.4.2 indicates how appropriate topics for health promotion activities may be determined.

Note 2.— Guidance on the subject is contained in the Manual of Civil Aviation Medicine (Doc 8984).

Note 3.— Guidance on the relationship between the Licensing Authority and the implementation of Medical Assessment for licence holders is contained in the Manual of Procedures for Establishment and Management of a State's Personnel Licensing System (Doc 9379).



Health promotion amendment process

Date	Action
8 – 10 Oct 2014	Meeting MPSG
9 June 2015	Initial review ANC (Air Navigation Commission)
17 July 2015	State Letter sent to States
1 Oct 2015	Deadline for comments
12 Nov 2015	Final review ANC (including 65 replies)
12 Jan 2016	Approved by ANC
22 Feb 2016	Adopted by ICAO Council
17 March 2016	State Letter sent to States
11 July 2016	Effective date
8 Nov 2018	Applicable date



Mental health advocacy

- The concept of mental health advocacy has been developed to promote the human rights of persons with mental disorders and to reduce stigma and discrimination
- It consists of actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes
- More recently, the concept of advocacy has been broadened to include the needs and rights of persons with **less severe mental disorders** and the mental health needs of the general population



Mental health advocacy actions

- Raising awareness
- Providing information, education and training
- Developing support networks for information exchange; emotional and instrumental support (e.g. providing facilities for meetings and contacts with other groups)
- Provide mental health services (counselling and professional support)
- Promote the formation of alliances of stakeholders for mental health advocacy
- Implement review boards



Advocacy Barriers and Solutions

Barriers	Solutions	Methods
Resistance - not relevant, not their responsibility	Approach from a technical point of view, demonstrating that the improvement of mental health have positive health outcomes and cost-benefits	Determine extent of mental health issues Involvement of other key stakeholders Learn from others experiences Build knowledge, experience and evidence for advocacy
Division and friction between stakeholders sometimes competing for access to resources	Understand different needs, motivations & methods of advocacy	Establish dialogue between stakeholders Arrange seminars/ workshops Formation of alliances and coalitions Continued interaction between stakeholders



Stakeholders and Resources

- Intergovernmental and International agencies
- National Government departments – Health, Transport, Labour, Justice
- National Government agencies (medical authorities, civil aviation authorities)
- Aviation organisations
- Professional medical associations - psychiatrists, psychologists, general practitioners, nurses, occupational therapists
- Academic institutions
- AMEs
- Psychiatrists, Psychologists, Psychiatric nurses, Occupational therapists
- Nurses, GPs, specialists and other providers of public and private health services
- Peer groups, other community resources
- Non-governmental organizations (NGOs)



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